

COLUMBUS DIOCESAN OFFICE OF YOUTH AND YOUNG ADULT MINISTRY
REGISTRATION AND PARENT/GUARDIAN CONSENT FORM
Please print clearly; return with appropriate payment to the adult leader.

Parish: Our Lady of Victory Church
Address: 1559 Roxbury Road, Columbus, Ohio 43212
Name of Adult Leader: Holly J. Monnier (419.303.8831/614.465.3658)

Name of Participant _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____
E-Mail _____
Parish _____
School _____
Date of Birth ____/____/____ Male Female Grade _____

EMERGENCY CONTACT INFORMATION

Parent or Guardian _____
Address _____
Phone(s) _____

Chronic Conditions (e.g. Allergies, Epilepsy; Diabetes) _____

Medications _____

Medical Insurance _____ Policy Number _____

Address _____ Phone (____) _____

Member's Name _____ Phone (____) _____

Family Doctor _____ Phone (____) _____

RELEASE AND INDEMNIFICATION AGREEMENT

Name of Activity OLV Lifeteen Activities/March for Life 2012

Location Columbus, OH/Washington D.C.

Dates of Activity Jan. 2012/Dec. 2012

- A. As the above-named participant, I hereby register for and commit to attend _____ (the "activity"). I further agree to the terms of this Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.
- B. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for and attend the activity.
- C. The undersigned release from all liability, and indemnify and hold harmless Our Lady of Victory Parish, the Diocese of Columbus and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give Holly Jo Monnier permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers please contact:

Name & relationship: _____

Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____

Policy #: _____

Signature: _____ Date: _____

Please complete both sides!

Parents' Consent for Release of Personally Identifiable Information

The undersigned parents/guardians of _____, (Minor's Full Name) hereby consent to the release of photographs and name of the minor to be used by the Office of Youth and Young Adult Ministry for future promotional programs of the Diocese of Columbus. If you have any questions or concerns, please contact Sean Robinson at (614)241-2565

CODE OF BEHAVIOR

- 1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
- 2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
- 3. Foul language is not tolerated.
- 4. Participants must heed any and all directions of activity staff.
- 5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians..
- 6. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians, to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request.

TRANSPORTATION

If transportation is required during the event I give permission for my child, _____ to ride with a driver 25 years or older. As a parent/guardian, I remain legally responsible for any personal actions taken by the above named minor participant during the event.

If my child is a licensed driver, I give my child permission to drive to and from the event. I understand that if I grant permission for my child to drive OR ride other person(s) under the age of 25, I will provide written documentation of this arrangement. Permission will not be granted without written permission from all parties involved.

Pictures of the above mentioned participate may be used on the Church website, Facebook and Church bulletin board.

(Please circle)

Accept OR Decline

Participant is _____ a member of Our Lady of Victory or _____ is a guest of a member of Our Lady of Victory.

**I HAVE READ AND UNDERSTAND ALL
CONTAINED IN THIS AGREEMENT**

Participant's Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Please complete both sides!